Universal 911 Dialing- First Transition Report Please read instructions before completing Section 1 **Carrier Identification Information Parent Company Name** Valor Telecommunications Service Provider Name Valor Telecommunications Company Address, City, State, Zip 201 E. John Carpenter Frwy Suite 200 Irving, Texas 75062 X Wireline Service Provider Type Wireless Name(s) of Wireless License Holder(s) Contact Name John Basile Contact Tel # 972-373-1027 Fax# 973-373-1005 E-mail Address jbasile@valortelecom.com Section 2 Local Area 911 Implementation List all individual local areas covered by this report (e.g., Lee County, Virginia): McIntosh County, Oklahoma Osage County, Oklahoma Wagoner County, Oklahoma Garvin County, Oklahoma Okfuskee, Oklahoma

(a) For each area list	ted above, identify the emergency response point to which 911 calls will be routed.
County Name	Emergency Response Point
McIntosh County	Not yet identified
Osage County	Osage County Sheriff's Dept
Wagoner County	Wagoner Police Dept
	Coweta Police Dept
Garvin County	Not yet identified
Okfuskee County	Not yet identified
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	ed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls
to the identified emer	rgency response point.
County Name	
McIntosh County	County and cities contacted awaiting input on call routing decision.
Osage County	Awaiting final decision from cities and Sheriff's Dept.
Wagoner County	Selective router in place PSAP equipment in place. Awaiting completion of database.
Garvin County	County and cities contacted awaiting input on call routing decision
Okfuskee County	County and cities contacted awaiting input on call routing decision
/a) Faranah aran lia	sted above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.
(c) For each area lis	sted above, provide the date or projected date that transition to the 911 abbreviated drawing code will be completed.
County Name	Projected Date
McIntosh County	9/1/2002
Osage County	9/1/2002
Wagoner County	9/1/2002
Garvin County	9/1/2002
Okfuskee County	9/1/2002
Okiuskee County	3/1/202
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Section 3	Problems
911 Implementation	
(a) Describe any proi	blems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other carrier has experienced during the initial transition stages.
operational problems	carrier has experienced during the initial transition stages.
None encountered so	to-
None encountered so	rar.
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	ing carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with
public safety agencies	s and state and local authorities.
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Section 4		
Certification - To be signed by an authorized representative of the reporting entity		
X I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.		
I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to t best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of		
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Signature		
Printed name of authorized representative: John Basile		
Title 911 Project Manager		
Date March 11, 2002		
This filing is: X original filing ☐ revised filing		
PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER		

